

**2009 H1N1 Influenza
Updated Key Points
November 30, 2009**

What's New and Updated

- Activity Update
- Pediatric Deaths
- International Situation Update

A Summary of CDC Key Public Health Messages this Season

- Flu activity in the United States decreased from November 15-21, 2009, as reported in FluView, with 32 states reporting widespread flu activity. That is down from 43 states the previous week. Nationally, visits to doctors for influenza-like-illness declined sharply this week compared to last week, but still remain over baseline. Flu-related hospitalizations and deaths are still high nation-wide compared to what is expected for this time of year.
- While influenza is unpredictable, high levels of flu activity may continue for several weeks, and even after flu activity peaks, it's possible that other waves of influenza activity may occur – caused by either 2009 H1N1 viruses or regular seasonal flu viruses.
- CDC recommends a three-step approach to fighting the flu:
 - vaccination;
 - everyday preventive actions, including covering coughs and sneezes, frequent hand washing, and staying home when sick;
 - and the correct use of antiviral drugs if your doctor recommends them.
- Supplies of 2009 H1N1 vaccine are limited but continue to increase. More doses are expected for shipment each week. We ask members of the public who want to receive this vaccine to be patient as this program expands and more vaccine becomes available.
- It's very important that antiviral drugs be used early to treat flu in people who are very sick (for example people who are in the hospital) and people who are sick with flu and have a greater chance of getting serious flu complications, like people with asthma, diabetes or people who are pregnant.

Activity Update

- Each week CDC analyzes information about influenza disease activity in the United States and publishes findings of key flu indicators in a report called FluView.
- Information collected during the week of November 15-21, 2009, is being reported in FluView on November 30, 2009.

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Below is a summary of the most recent key indicators:

- Visits to doctors for influenza-like illness (ILI) nationally decreased sharply this week over last week with all regions showing declines in ILI. This is the fourth consecutive week of national decreases in ILI after four consecutive weeks of sharp increases. Although ILI has declined, visits to doctors for influenza-like illness remain high.
- Influenza hospitalization rates remain higher than expected for this time of year. Hospitalization rates continue to be highest in younger populations with the highest hospitalization rate reported in children 0-4 years old.
- The proportion of deaths attributed to pneumonia and influenza (P&I) based on the 122 Cities Report continues to be higher than expected for this time of year. This proportion has remained elevated for eight weeks now.
- In addition, 35 flu-related pediatric deaths were reported this week: 27 of these deaths were associated with laboratory confirmed 2009 H1N1; seven were influenza A viruses, but were not subtyped, and one death was associated with a seasonal influenza A (H1) virus.
 - Since April 2009, CDC has received reports of 234 laboratory-confirmed pediatric deaths: 198 due to 2009 H1N1, 35 pediatric deaths that were laboratory confirmed as influenza, but the flu virus subtype was not determined, and one pediatric death associated with a seasonal influenza virus. (Laboratory-confirmed deaths are thought to represent an undercount of the actual number. CDC has provided estimates about the number of 2009 H1N1 cases and related hospitalizations and deaths.
 - The one death associated with seasonal influenza A (H1) virus infection reported this week actually occurred in March, during the 2008-09 season.
- Thirty-two states are reporting widespread influenza activity at this time; a decline of 11 states from last week. They are: Alabama, Alaska, Arizona, California, Connecticut, Delaware, Florida, Idaho, Illinois, Indiana, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Tennessee, Utah, Vermont, Virginia, and West Virginia).

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- Almost all of the influenza viruses identified so far continue to be 2009 H1N1 influenza A viruses.
- These viruses remain similar to the virus chosen for the 2009 H1N1 vaccine, and remain susceptible to the antiviral drugs oseltamivir and zanamivir with rare exception.

Pediatric Deaths

- During Week 46 (the week ending November 21, 2009), 35 influenza-associated pediatric deaths were reported to CDC.
 - These deaths occurred in California, Colorado, Florida [3], Illinois [3], Indiana, Kentucky, Massachusetts, Minnesota, Missouri, New Hampshire, New Mexico [8], New York, North Carolina [2], Pennsylvania [2], Rhode Island [2], South Carolina [2], Tennessee, Texas [2], and Washington.
 - Twenty seven of these deaths were confirmed 2009 H1N1, seven were influenza A viruses, but were not subtyped, and one death was associated with a seasonal influenza A (H1) virus.
 - These deaths occurred between March 8 and November 21, 2009
 - The one death associated with seasonal influenza A (H1) virus infection reported this week occurred in March 2009, during the 2008-09 season
- The cumulative total number of laboratory-confirmed pediatric deaths related to 2009 H1N1 since April 2009 is 198.
- Since August 30, 2009, when the flu season “re-set”, CDC has received reports of 172 flu-associated pediatric deaths; 140 of these were due to 2009 H1N1, and the remaining 32 were influenza A viruses that were not subtyped.
- A table showing reports of flu-related pediatric deaths (including a cumulative total of 2009 H1N1 pediatric deaths since April, 2009) is available on the CDC website at <http://www.cdc.gov/h1n1flu/updates/us/#pedh1n1cases> .
- Since CDC began tracking pediatric flu-related deaths in 2003-2004, the number of pediatric deaths reported to CDC has ranged from 46 during the 2005-2006 season to the 172 deaths reported so far during the 2009-2010 season.
- Information on how hospitalizations and deaths are being reported this season is available at <http://www.cdc.gov/h1n1flu/reportingqa.htm>

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International Situation Update

- The 2009 H1N1 influenza virus is the predominant influenza virus in circulation in most countries worldwide.
- In temperate regions of the Southern Hemisphere, little disease activity due to 2009 H1N1 has been reported.
 - The epidemiology of disease caused by 2009 H1N1 influenza in the Southern Hemisphere has been very similar to what was described in the United States in the spring of 2009.
 - There have been no significant changes detected in the 2009 H1N1 influenza viruses isolated from persons in the Southern Hemisphere as compared to viruses isolated from persons in the Northern Hemisphere.
- In tropical regions of the Americas and Asia, influenza activity due to 2009 H1N1 remains variable.
- In temperate regions of the Northern Hemisphere, influenza like illness (ILI) activity due to 2009 H1N1 remains high across many countries in Europe, Asia, and North America, though it may have peaked in most areas of the United States and in Canada.
- According to the World Health Organization (WHO), the majority of 2009 H1N1 influenza isolates tested worldwide remain sensitive to oseltamivir, an antiviral medicine used to treat influenza. Worldwide, 75 2009 H1N1 isolates tested have been found to be resistant to oseltamivir – 23 of these isolates were detected in the United States.
- The World Health Organization (WHO) continues to report updated 2009 H1N1 flu-associated laboratory-confirmed cases and deaths on its Web page (<http://www.who.int/csr/disease/swineflu/updates/en/>). These laboratory-confirmed cases represent a substantial underestimation of total cases in the world, as many countries focus surveillance and laboratory testing only on people with severe illness.
- Since April 19, 2009, more than 70% of all influenza positive specimens reported to WHO have been 2009 H1N1.
- For the most recent week for which data are available (November 8 to November 14, 2009) 89% of influenza specimens reported to WHO were 2009 H1N1.
- On September 17, 2009, several countries including the United States announced plans to donate 2009 H1N1 vaccine or funds to support vaccination campaigns in less developed countries